## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	
	C C00495028
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
The Strategy Group	M M / D D / Y Y Y Y
Mailing Address 730 North Franklin Street	09 19 2016 Amount
Suite 404	
City State Zip Code	23010.42
Chicago IL 60654	Transaction ID: VN7GDA3E1Q8 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Estimate  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 22
Claudia Tenney	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	23010.42
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(a) TOTAL Index and art Fun and its was	
(c) TOTAL Independent Expenditures	23010.42
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Alixandria Lann	
	9 21 2016
Signature	